

Kickapoo Valley Reserve Summer Adventure Day Camp
Health/Emergency Contact Information

Student's Full Name _____

Full Home Address _____

Home Telephone Number _____ Date of Birth _____ Age _____

Parent/Guardian Name _____

Relationship _____

Address (if different from above) _____

Home telephone number (if different from above) _____

Parent/Guardian work/cell telephone number _____

Emergency numbers to call if you cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Health Condition? _____ No _____ Yes (If yes, complete the following):

___ Diabetes ___ Heart ___ Allergies ___ Convulsive Seizures ___ Other _____

Will student need any medications to be administered by KVR instructor staff? ___ Yes ___ No

If "Yes", complete "medication consent form".

- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of emergency.
- By signing below you are stating that you are aware of and accept the risk inherent in this program.
- By signing below you agree to hold harmless and indemnify the Kickapoo Reserve Management Board, staff, employees and instructors from any and all liability, loss, damages, or expenses which are sustained or required arising out of the actions of your dependent in the course of this program.

Parent/Guardian Signature

Date

Forms must be completed and returned at least one week prior to the start of your child's program:

Kickapoo Valley Reserve
S3661 State Highway 131
La Farge, WI 54639
PH: 608/625-2960